

<b>DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	5153P004
		First Named Inventor	Peter C. Hollub
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		<b>COMPLETE IF KNOWN</b>	
		Application Number	
		Filing Date	
		Art Unit	
		Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below, next to my name.

I believe I am the original and first inventor (if only one name listed below) or an original and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

<b>HYDRAULIC SYSTEM FLUID MOVING TOOL</b>
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*(Title of the Invention)*

the specification of which

☒ is attached hereto.

OR

☐ was filed on \_\_\_\_\_ as United States Application Number \_\_\_\_\_  
or PCT International Application Number \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment specifically referred to above.

I do not know and do not believe that the claimed invention was ever known or used in the United States of America before my invention thereof, or patented or described in any printed publication in any country before my invention thereof or more than one year prior to this application. I do not know and do not believe that the claimed invention was in public use or on sale in the United States of America more than one year prior to this application, nor do I know or believe that the invention has been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (for a utility patent application) or six months (for a design patent application) prior to this application.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, or inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby appoint the persons listed on Appendix A hereto (which is incorporated by reference and a part of this document) as my respective patent attorneys and patent agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected herewith.

Direct all correspondence to:

☒ Customer Number  
or Bar Code Label

08791

or ☐ Correspondence address below

Name			
Address			
City	State		Zip Code
Country	Telephone (858) 457-0022	Fax	(858) 558-0754

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:** ☐ A petition has been filed for this undersigned inventor

Full Name: Peter C. Hollub  
(First, Middle [if any], Family Name (or Surname), and Suffix [if any])

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence Huntington Beach, California USA Citizenship USA  
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**NAME OF SECOND INVENTOR:** ☐ A petition has been filed for this undersigned inventor

Full Name: Joseph D. Lentini  
(First, Middle [if any], Family Name (or Surname), and Suffix [if any])

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence Tustin, California USA Citizenship USA  
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**NAME OF THIRD INVENTOR:** ☐ A petition has been filed for this undersigned inventor

Full Name: \_\_\_\_\_  
(First, Middle [if any], Family Name (or Surname), and Suffix [if any])

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
(City, State, Country) (Country)

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

**NAME OF FOURTH INVENTOR:** ☐ A petition has been filed for this undersigned inventor

Full Name: \_\_\_\_\_  
(First, Middle [if any], Family Name (or Surname), and Suffix [if any])

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
(City, State, Country) (Country)

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

**NAME OF FIFTH INVENTOR:** ☐ A petition has been filed for this undersigned inventor

Full Name: \_\_\_\_\_  
(First, Middle [if any], Family Name (or Surname), and Suffix [if any])

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
(City, State, Country) (Country)

Mailing Address \_\_\_\_\_  
\_\_\_\_\_